

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

CHARLES E. STUBY and
LUKAS J. BERKEY,

Civil Division

Plaintiffs,

No. 12-47

v.

Judge Gibson

BEDFORD COUNTY and
CHARWIN REICHELDERFER,
in his individual capacity,

Defendants.

JURY TRIAL DEMANDED

**ANSWERS TO
PLAINTIFFS' FIRST SET OF INTERROGATORIES AND
REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED
TO DEFENDANT, BEDFORD COUNTY**

Pursuant to Federal Rules of Civil Procedure 33 and 34, Plaintiffs, Charles E. Stuby and Lukas J. Berkey (hereinafter "Plaintiffs") request that Defendant, Bedford County ("Defendant"), answer the following Interrogatories and produce for inspection and copying at the offices of Samuel J. Cordes & Associates, 245 Fort Pitt Boulevard, Pittsburgh, PA 15222, the documents requested herein within thirty (30) days of service of the following Interrogatories and Requests.

DEFINITIONS

1. "Document(s)" means all materials within the full scope of Rule 34 including but not limited to all writings and recordings, which includes but is not limited to:

- (a) the originals and all non-identical copies, whether different from the original by reason of any notation made on such copies or otherwise (including but not without limitation to email and attachments, correspondence, memoranda, notes, diaries, minutes, statistics, letters, telegrams, contracts, reports, studies, checks, statements, tags, labels, invoices, brochures, periodicals, receipts, returns, summaries, pamphlets, books, interoffice and intraoffice communications, offers, notations of any

INTERROGATORIES

1. Identify each and every fringe benefit Plaintiff Stuby was eligible to receive during his employment, its dollar value, and percentage of total salary, including all hospitalization, retirement, pension, disability, medical, dental, life insurance and any other types of fringe benefits of any value to the Plaintiff whatsoever.

ANSWER: See Union Contract which is in Plaintiff's possession as well as Plaintiff's pay stub.

Additionally (based on a 2011 salary of \$ 28,167.12);

FICA/medicare (7.65%) 2154.78

Workers comp (7.34%) 2067.46

UC (5.61% of first \$8,000) 448.80

Life Insurance (\$7.00/mth) 84.00

Retirement (2.36%) 664.75

Medical opt out (\$ 48.00/mth) 576.00

See also documents Bates Stamped 253-286.

2. Identify each and every fringe benefit Plaintiff Berkey was eligible to receive during his employment, its dollar value, and percentage of total salary, including all hospitalization, retirement, pension, disability, medical, dental, life insurance and any other types of fringe benefits of any value to the Plaintiff whatsoever.

ANSWER: See Union Contract which is in Plaintiff's possession as well as Plaintiff's pay stub.

Additionally (based on a 2011 salary of \$ 27,352.80);

FICA/Medicare (7.65%) 2092.49

Workers Comp (7.34%) 2007.70

UC (5.61% of first \$8,000) 448.80

Life Insurance (\$7.00/mth) 84.00

Retirement (2.36%) 645.63

Medical opt-out (\$48.00/mth) 576.00

See also documents Bates Stamped 253-286.

Respectfully submitted,

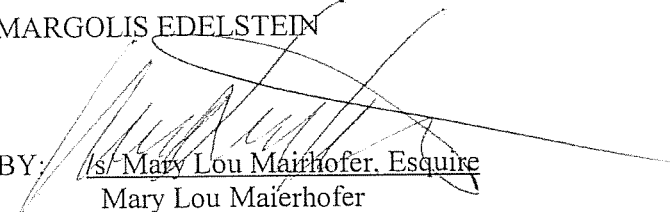
Samuel J. Cordes & Associates

Samuel J. Cordes
Christine T. Elzer
Pa. I.D. No. 54874 (Cordes)
Pa. I.D. No. 208157 (Elzer)

245 Fort Pitt Boulevard
Pittsburgh, PA 15222
(412) 281-7991

Attorneys for Plaintiff

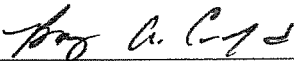
MARGOLIS EDELSTEIN

BY:  /s/ Mary Lou Maierhofer, Esquire
Mary Lou Maierhofer
PA. ID. 62175
Counsel for All Defendants
P.O. Box 628
Hollidaysburg, PA 16648
mmaierhofer@margolisedelstein.com
(814) 695-5064
Fax: (814) 695-5066
I.D. #62175

VERIFICATION

I, Barry A Crawford an authorized representative of Bedford County do hereby verify that I have read the foregoing Answers to Plaintiffs' First Set of Interrogatories and Request for Production of Documents Directed to Defendant Bedford County. The statements therein are true and correct to the best of my personal knowledge or information and belief at the time that such were completed.

This statement is made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities, which provides that if I knowingly make false averments, I may be subject to criminal penalties.

X 

DATE: August 2, 2012

PLAINTIFFS'
EXHIBIT
B
No. 12-47

a Employee's social security no.				OMB No. 1545-0008		Copy B To Be Filed With Employee's FEDERAL Tax Return	
b Employer identification number (EIN)				1 Wages, tips, other compensation 27988.42		2 Federal income tax withheld 1961.20	
c Employer's name, address, and ZIP code BEDFORD COUNTY COMMISSIONERS 200 SOUTH JULIANA STREET BEDFORD PA 15522				3 Social security wages 29461.51		4 Social security tax withheld 1237.38	
				5 Medicare wages and tips 29461.51		6 Medicare tax withheld 427.20	
				7 Social security tips		8 Allocated tips	
d Control number						10 Dependent care benefits	
e Employee's first name and initial CHARLES E		Last name STUBY		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 1126 MILLIGANS COVE ROAD BUFFALO MILLS PA 15534				13 Statutory employee Retirement plan Third-party sick pay X		12a See instructions for box 12	
				14 Other 1473.09		12b	
						12c	
						12d	
15 State Employer's state ID number PA		16 State wages, tips, etc. 29461.51		17 State income tax 904.47		18 Local wages, tips, etc. 29461.51	
						19 Local income tax 441.88	
						20 Locality name PABEDF	

Form **W-2** Wage and Tax Statement **2011**

Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

PLAINTIFFS'
EXHIBIT
C
No. 12-47

Copy C For EMPLOYEE'S RECORDS.**(See Notice to Employee on back of Copy B).**

OMB No. 1545-0008


a Employee's social security no.					
b Employer identification number (EIN)				1 Wages, tips, other compensation 26067.24	2 Federal income tax withheld 3405.55
c Employer's name, address, and ZIP code BEDFORD COUNTY COMMISSIONERS 200 SOUTH JULIANA STREET BEDFORD PA 15522				3 Social security wages 27464.81	4 Social security tax withheld 1153.54
				5 Medicare wages and tips 27464.81	6 Medicare tax withheld 398.23
				7 Social security tips	8 Allocated tips
d Control number				10 Dependent care benefits	
e Employee's first name and initial LUKAS J	Last name BERKEY	Suff	11 Nonqualified plans	12a See instructions for box 12	
f Employee's address and ZIP code 117 ELECTION HOUSE ROAD P.O. BOX 25 BUFFALO MILLS PA 15534			13 Statutory employee Retirement plan Third-party sick pay X	12b	
			14 Other 1397.57	12c	
				12d	
15 State Employer's state ID number PA	16 State wages, tips, etc. 27681.87	17 State income tax 849.84	18 Local wages, tips, etc. 27951.39	19 Local income tax 419.28	20 Locality name PABEDF

Form **W-2** Wage and Tax Statement **2011**

Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2012		OMB No. 1545-0074 IRS Use Only—	
For the year Jan. 1–Dec. 31, 2012, or other tax year beginning _____, 2012, ending _____, 20			
Your first name and initial Charles E		Last name Stuby	
If a joint return, spouse's first name and initial Debra L		Last name Stuby	
Home address (number and street). If you have a P.O. box, see Instructions. 1126 Milligans Cove Road		Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see Instructions). Buffalo Mills PA 15534		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county	
Foreign postal code		Foreign postal code	
Filing Status			
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child			
Exemptions			
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse			
c Dependents:			
(i) First name Last name		(2) Dependent's social security number	
(3) Dependent's relationship to you		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
If more than four dependents, see Instructions and check here ▶ <input type="checkbox"/>		Boxes checked on 6a and 6b 2 No. of children on 6a who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____ Dependents on 6a not entered above _____ Add numbers on lines above 2	
d Total number of exemptions claimed			
Income			
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 1,894.	
8a Taxable interest. Attach Schedule B if required		8a 0.	
b Tax-exempt interest. Do not include on line 8a		8b	
9a Ordinary dividends. Attach Schedule B if required		9a	
b Qualified dividends		9b	
10 Taxable refunds, credits, or offsets of state and local income taxes		10 8.	
11 Alimony received		11	
12 Business income or (loss). Attach Schedule C or C-EZ		12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13	
14 Other gains or (losses). Attach Form 4797		14	
15a IRA distributions		15a	
16a Pensions and annuities		16a 55,442.	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18 Farm income or (loss). Attach Schedule F		18	
19 Unemployment compensation		19 15,723.	
20a Social security benefits		20a 3,087.	
21 Other income. List type and amount		21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22 18,155.	
Adjusted Gross Income			
23 Educator expenses		23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
25 Health savings account deduction. Attach Form 8889		25	
26 Moving expenses. Attach Form 3903		26	
27 Deductible part of self-employment tax. Attach Schedule SE		27	
28 Self-employed SEP, SIMPLE, and qualified plans		28	
29 Self-employed health insurance deduction		29	
30 Penalty on early withdrawal of savings		30	
31a Alimony paid b Recipient's SSN ▶		31a	
32 IRA deduction		32	
33 Student loan interest deduction		33	
34 Tuition and fees. Attach Form 8917		34	
35 Domestic production activities deduction. Attach Form 8903		35	
36 Add lines 23 through 35		36	
37 Subtract line 36 from line 22. This is your adjusted gross income ▶		37 18,155.	

PLAINTIFFS'
EXHIBITE
No. 12-47W-2
2012

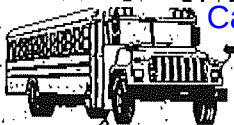
	
Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	
41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 19568.00
	2 Federal income tax withheld 1504.07
	3 Social security wages
b Employer ID number (EIN)	4 Social security tax withheld 821.88
25-1627396	5 Medicare wages and tips 19568.00
	6 Medicare tax withheld 283.73
c Employer's name, address, and ZIP code HELSEL TRANSPORTATION 5282 BUSINESS ROUTE 220 BEDFORD PA 15522	
d Control number 3	
e Employee's name, address, and ZIP code LUKAS J. BERKEY 117 ELECTION HOUSE ROAD BUFFALO MILLS PA 15534	
7 Social security tips	8 Allocated tips
9	
10 Dependent care benefits	11 Nonqualified plans
12a Code	
13 Statutory employee	14 Other PUC 11.74
Retirement plan	12b Code
Third-party sick pay	12c Code
	12d Code
PA	19568.00
600.75	
15 State Employer's state ID number	16 State wages, tips, etc.
17 State income tax	
18 Local wages, tips, etc. 19568.00	19 Local income tax 293.53
20 Locality name 05	

Form W-2 Wage and Tax Statement

2012

Dept. of the Treasury — IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence

**HELSEL TRANSPORTATION**5282 BUSINESS ROUTE 220
BEDFORD, PA 15522
(814) 623-1350

EXPLANATION	AMOUNT
2 A.S. Hynd	
1 A.T.H.	

PLAINTIFFS'**EXHIBIT****F**

No. 12-47

PAY

CHECK
AMOUNT

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITH	STATE			DOLLARS
4/19/13	Charles Stuby		118.66	7.32	1.71	8	3.62	1.77	08	\$ 163.50
DESCRIPTION										



⑈011858⑈ ⑆031302955⑆

SOC. SEC. #

NOT NEGOTIABLE

RECORD OF EARNINGS OR PAYMENTS

8892615959⑈

PAY PERIOD FROM 4/8/13 TO 4/19/13 RATE OF PAY

**HELSEL TRANSPORTATION**5282 BUSINESS ROUTE 220
BEDFORD, PA 15522
(814) 623-1350

EXPLANATION	AMOUNT
2 A.S. Hynd	

60-295-313

11908

PAY

CHECK
AMOUNT

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITH	STATE			DOLLARS
5/3/13	Charles Stuby		59.00	3.66	86	8	1.81	89	64	\$ 51.74
DESCRIPTION										



⑈011908⑈ ⑆031302955⑆

SOC. SEC. #

NOT NEGOTIABLE

RECORD OF EARNINGS OR PAYMENTS

8892615959⑈

PAY PERIOD FROM 4/29/13 TO 5/3/13 RATE OF PAY 29.50

**HELSEL TRANSPORTATION**5282 BUSINESS ROUTE 220
BEDFORD, PA 15522
(814) 623-1350

EXPLANATION	AMOUNT
1/2 # 47	

60-26

12035

PAY

CHECK
AMOUNT

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITH	STATE			DOLLARS
6/4/13	Charles Stuby		19.00	1.8	28	8	58	29	01	\$ 16.67
DESCRIPTION										



⑈012039⑈ ⑆031302955⑆

SOC. SEC. #

NOT NEGOTIABLE

RECORD OF EARNINGS OR PAYMENTS

8892615959⑈

PAY PERIOD FROM 6/3/13 TO 6/4/13 RATE OF PAY



HELSEL TRANSPORTATION
 6282 BUSINESS ROUTE 220
 BEDFORD, PA 15522
 (814) 623-1350

EXPLANATION	AMOUNT
1 A.S. 45	

60-295-313
 11958

PAY *Twenty five and*

87
xx

DOLLARS

CHECK AMOUNT ☐ ☐

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITH.	STATE		
5/17/13	Charles Study		29.50	1.83	.43	0.91	.44	.02	
DESCRIPTION									

\$ 25.87



NOT NEGOTIABLE

RECORD OF EARNINGS OR PAYMENTS

8892615959

SOC. SEC. #

011958 031302955

PAY PERIOD FROM 5/6/13 TO 5/17/13 RATE OF PAY



HELSEL TRANSPORTATION
 5282 BUSINESS ROUTE 220
 BEDFORD, PA 15522
 (814) 623-1350

EXPLANATION	AMOUNT
2 A.S. 45	

60-295-313
 12010

PAY *Twenty five and*

24
xx

DOLLARS

CHECK AMOUNT ☐ ☐

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITH.	STATE		
5/18/13	Charles Study		59.00	3.66	.86	1.81	.89	.04	
DESCRIPTION									

\$ 51.74



NOT NEGOTIABLE

RECORD OF EARNINGS OR PAYMENTS

8892615959

SOC. SEC. #

012010 031302955

PAY PERIOD FROM 5/6/13 TO 5/17/13 RATE OF PAY

REET 117. Election House Rd

TY Buffalo Mills 15534

DATE PAY PERIOD ENDING	YEAR	ENCIRCLED QUARTERS ① ② 3 4	TIME WORKED	GROSS	FICA	MED	FED	STAT	CO	Puc	PAY
CHECK ISSUED TO <u>diy rate #100.00</u>											
BROUGHT FORWARD →											
11/13	6 A.S., 1 Atn		10	1206.50	74.80	17.49	109.00	37.04	18.10	.84	949.23
25/13	8 A.S., 1 Atn		10	1265.50	78.46	18.35	118.00	38.85	18.98	.89	991.97
8/13	7 A.S., 2 Atn		9	1165.50	72.26	16.90	101.00	35.78	17.48	.82	921.26
22/13	8 A.S.		10	1236.00	76.63	17.92	110.00	37.95	18.54	.87	974.09
3/13	5 A.S., 2 Atn		10	1206.50	74.88	17.49	109.00	37.04	18.10	.84	949.23
22/13	5 A.S., 1 Atn		8	977.00	60.57	14.17	71.00	29.99	14.66	.68	785.93
				7057.00	437.52	102.32	618.00	216.65	105.86	4.94	5571.71
5/13	7 A.S., 1 Atn		10	1236.00	76.63	17.92	110.00	37.95	18.54	.87	974.09
19/13	5 A.S., 1 Atn		9	1077.00	66.77	15.62	101.00	33.06	16.16	.75	843.64
3/13	8 A.S., 2 Atn		10	1295.00	80.29	18.78	119.00	39.76	19.43	.91	1016.83
17/13	8 A.S., 1 Atn		10	1265.50	78.46	18.35	116.00	38.85	18.98	.89	993.97
31/13	8 A.S.		9	1136.00	70.43	16.47	95.00	34.82	17.04	.80	901.38
14/13			10	1150.00	71.30	16.68	98.00	35.31	17.25	.81	910.65
28/13			10	1000.00	62.00	14.50	77.00	30.70	15.00	.70	800.10
				8159.50	505.88	118.32	716.00	250.51	122.40	5.73	6440.10

DATE
RATE
PLAINTIFFS' EXHIBIT G
No. 12-47

